

<i>SERFF Tracking Number:</i>	<i>CNAC-125777198</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Continental Casualty Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>08-R2235</i>		
<i>TOI:</i>	<i>05.0 Commercial Multi-Peril - Liability &amp; Non-Liability</i>	<i>Sub-TOI:</i>	<i>05.0000 CMP Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>National Dental Program Revision</i>		
<i>Project Name/Number:</i>	<i>National Dental Program Revision/08-R2235</i>		

## Filing at a Glance

Company: Continental Casualty Company		
Product Name: National Dental Program Revision	SERFF Tr Num: CNAC-125777198	State: Arkansas
TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability	SERFF Status: Closed	State Tr Num: EFT \$100
Sub-TOI: 05.0000 CMP Sub-TOI Combinations	Co Tr Num: 08-R2235	State Status: Fees verified and received
Filing Type: Rate	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins
	Author: Robert Alonzo	Disposition Date: 08/15/2008
	Date Submitted: 08/15/2008	Disposition Status: Exempt from Review
Effective Date Requested (New): 09/01/2008		Effective Date (New): 09/01/2008
Effective Date Requested (Renewal): 09/01/2008		Effective Date (Renewal): 09/01/2008

State Filing Description:

## General Information

Project Name: National Dental Program Revision	Status of Filing in Domicile:
Project Number: 08-R2235	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 08/15/2008	
State Status Changed: 08/15/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
On behalf of Continental Casualty Company, we submit for your review an inadvertent change from its latest approved filing (229668) on file.	

SERFF Tracking Number: CNAC-125777198 State: Arkansas  
Filing Company: Continental Casualty Company State Tracking Number: EFT \$100  
Company Tracking Number: 08-R2235  
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations  
Liability  
Product Name: National Dental Program Revision  
Project Name/Number: National Dental Program Revision/08-R2235

## Company and Contact

### Filing Contact Information

Robert Alonzo, State Filing Analyst  
40 Wall Street  
New York, NY 10005  
robert.alonzo@cna.com  
(212) 440-3478 [Phone]  
(212) 440-2877[FAX]

### Filing Company Information

Continental Casualty Company  
40 Wall Street  
9th Floor  
New York, NY 10005  
(212) 440-3478 ext. [Phone]  
CoCode: 20443  
Group Code: 218  
Group Name:  
FEIN Number: 36-2114545  
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State of Domicile: Illinois  
Company Type:  
State ID Number:

## Filing Fees

Fee Required? Yes  
Fee Amount: \$100.00  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Continental Casualty Company	\$100.00	08/15/2008	21960311



*SERFF Tracking Number:*      *CNAC-125777198*      *State:*      *Arkansas*  
*Filing Company:*      *Continental Casualty Company*      *State Tracking Number:*      *EFT \$100*  
*Company Tracking Number:*      *08-R2235*  
*TOI:*      *05.0 Commercial Multi-Peril - Liability & Non- Liability*      *Sub-TOI:*      *05.0000 CMP Sub-TOI Combinations*  
*Product Name:*      *National Dental Program Revision*  
*Project Name/Number:*      *National Dental Program Revision/08-R2235*

## **Disposition**

Disposition Date: 08/15/2008

Effective Date (New): 09/01/2008

Effective Date (Renewal): 09/01/2008

Status: Exempt from Review

Comment:

This line is exempt from filing rates/rules in compliance with ACA 23-67-206 which states that P&C insurance for commercial risks, excluding workers' compensation, employers' liability and professional liability insurance, including but not limited to, medical malpractice insurance, are exempted from the rate/rule filing and review requirements.

Rate data does NOT apply to filing.

SERFF Tracking Number:	CNAC-125777198	State:	Arkansas
Filing Company:	Continental Casualty Company	State Tracking Number:	EFT \$100
Company Tracking Number:	08-R2235		
TOI:	05.0 Commercial Multi-Peril - Liability & Non- Liability	Sub-TOI:	05.0000 CMP Sub-TOI Combinations
Product Name:	National Dental Program Revision		
Project Name/Number:	National Dental Program Revision/08-R2235		

Item Type	Item Name	Item Status	Public Access
Supporting Document	NAIC FORMS	Accepted for Informational Purposes	Yes
Supporting Document	Cover Letter & Actuary Memo	Accepted for Informational Purposes	Yes
Rate	Cw pages	Accepted for Informational Purposes	Yes

<i>SERFF Tracking Number:</i>	<i>CNAC-125777198</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Continental Casualty Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>08-R2235</i>		
<i>TOI:</i>	<i>05.0 Commercial Multi-Peril - Liability &amp; Non-</i>	<i>Sub-TOI:</i>	<i>05.0000 CMP Sub-TOI Combinations</i>
	<i>Liability</i>		
<i>Product Name:</i>	<i>National Dental Program Revision</i>		
<i>Project Name/Number:</i>	<i>National Dental Program Revision/08-R2235</i>		

## **Rate Information**

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>CNAC-125777198</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Continental Casualty Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>08-R2235</i>		
<i>TOI:</i>	<i>05.0 Commercial Multi-Peril - Liability &amp; Non- Liability</i>	<i>Sub-TOI:</i>	<i>05.0000 CMP Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>National Dental Program Revision</i>		
<i>Project Name/Number:</i>	<i>National Dental Program Revision/08-R2235</i>		

## Rate/Rule Schedule

<b>Review Status:</b>	<b>Exhibit Name:</b>	<b>Rule # or Page #:</b>	<b>Rate Action</b>	<b>Previous State Filing Number:</b>	<b>Attachments</b>
Accepted for Informational Purposes	Cw pages	2 pages in all	Replacement	229668	CCC CW Pages 0708 Equip Break Replacement.pdf

**COMPANY PAGES  
FOR  
DENTAL PROFESSIONAL PROGRAM  
CONTINENTAL CASUALTY COMPANY**

7. Back Up of Sewer or Drain with a limit of \$25,000 is provided at no charge. Increased limits can be purchased using the following rates:

<u>Limit</u>	<u>Per Location Charge</u>
\$50,000	\$40
\$100,000	\$80

8. Dentist's Equipment Breakdown coverage may be purchased. The rates for such coverage are:

Coverage Limit	Dental Equipment	Dental & HVAC Equipment
\$100,000 or less	\$186	247
200,000	302	430
300,000	357	584
400,000	428	592
500,000	460	675
600,000	474	756
700,000	511	805
800,000	552	832
900,000	585	858
1,000,000	610	880
1,250,000	713	975
1,500,000	795	1035
1,750,000	858	1,102
2,000,000	933	1,144
2,500,000	1,029	1,228
3,000,000	1,075	1,312
3,500,000	1,125	1,372
4,000,000	1,162	1,433
4,500,000	1,193	1,479
5,000,000	1,221	1,522

9. The PPP Gold endorsement is available at a rate of \$100.

10. A flat premium of \$25 will be charged each policy.

**II. INDIVIDUAL RISK PREMIUM MODIFICATION PLAN - PROPERTY COVERAGE**

This Plan shall be applied after the application of all other rating procedures.

- A. Eligibility: This Plan may be applied to:

Blanket Practice Personal Property Coverages  
Building Coverages

- B. Limitations: This Plan may not be applied to:

Employee Dishonesty Coverage  
Welfare and Pension Plan Coverage



**COMPANY PAGES  
FOR  
DENTAL PROFESSIONAL PROGRAM  
CONTINENTAL CASUALTY COMPANY**

**I. APPLICATION OF MANUAL**

- A. This manual provides rules and premium, applicable to Dental Students.

**II. POLICY TERM**

- A. The policy term shall be continuous until canceled.
- B. Individual Student Certificates will be written for a term of one year, and, automatically extended at no charge during the expected graduation year for up to a maximum of 6 months from the date of graduation in the event that certification or license is not immediately obtained.

**III. PREMIUM COMPUTATION**

Compute the premium at policy inception and subsequently as the sum of the premiums represented by the number of Certificates being issued, using the rules, rates and rating plans in effect at the time.

**IV. CANCELLATION**

Premium for individual Certificates is considered as fully earned and no return premium shall be granted.

**V. COVERAGE**

- A. Coverage under the Certificate shall be as described in the Policy, with the issuance of summarized Certificates to the Insured Dental Student.
- B. Coverage under this program is Professional Liability on a Claims-Made basis.

**VI. PRIOR ACTS COVERAGE**

Prior Acts Coverage shall not be provided under this program.

**VII. EXTENDED CLAIM REPORTING PERIOD COVERAGE**

The extended claim reporting period under this program shall be unlimited and shall be provided at no additional charge. The aggregate limit shall be separate from and equal to the aggregate limit provided by the Certificate.

**VIII. LIMITS OF LIABILITY**

Limits of Liability for this program shall be as follows:  
Each Certificate                      \$1,000,000 Each Claim  
   \$3,000,000 Aggregate

**IX. CERTIFICATE PREMIUM**

<u>Class</u>	<u>Premium</u>
Dental Student	\$30.00

**X. CLASS DESCRIPTION**

Any student who is in the process of completing their training in dentistry while enrolled in an accredited institution.

Code No.

80225

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Liability  
Product Name: National Dental Program Revision  
Project Name/Number: National Dental Program Revision/08-R2235

## Supporting Document Schedules

**Satisfied -Name:** NAIC FORMS **Review Status:** Accepted for Informational 08/15/2008  
Purposes

**Comments:**  
**Attachments:**  
AR PC TD r.pdf  
PC RR .pdf

# Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

<b>3. Group Name</b>	<b>Group NAIC #</b>
CNA	218

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Continental Casualty Company	IL	20443	36-2114545	

<b>5. Company Tracking Number</b>	<b>08-R2235</b>
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Robert Alonzo 40 Wall Street - 9 <sup>th</sup> Floor	State Filing Analyst	212-440-3478	212-440-2877	robert.alonzo@cna.com
New York, NY 10005				

<b>7. Signature of authorized filer</b>	<i>Robert Alonzo</i>
<b>8. Please print name of authorized filer</b>	Robert Alonzo

**Filing information** (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	5.0 Commercial Multiple Peril
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	5.0007
<b>11. State Specific Product code(s) (if applicable)[See State Specific Requirements]</b>	
<b>12. Company Program Title</b> (Marketing title)	Dental Professional Program
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14. Effective Date(s) Requested</b>	New: 9/1/2008                      Renewal: 9/1/2008
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>16. Reference Organization</b> (if applicable)	
<b>17. Reference Organization # &amp; Title</b>	

<b>18. Company's Date of Filing</b>	
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

### Property & Casualty Transmittal Document—

<b>20. This filing transmittal is part of Company Tracking #</b>	08-R2235
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<b>21. Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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With this filing, Continental Casualty Company ("CNA") is withdrawing an inadvertent change from its latest filing in relation to Equipment Breakdown Coverage.

<b>22. Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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**Check #: EFT**  
**Amount: 100.00**

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

**\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

**RATE/RULE FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>08-R2235</b>
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	<b>08-F2235</b>
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☐ Rate Increase      ☐ Rate Decrease      ☒ Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	<b>F/U</b>
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

<b>Overall Rate Information (Complete for Multiple Company Filings only)</b>			
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		COMPANY USE	STATE USE
<b>5a.</b>	<b>Overall percentage rate indication (when applicable)</b>		
<b>5b.</b>	<b>Overall percentage rate impact for this filing</b>		
<b>5c.</b>	<b>Effect of Rate Filing – Written premium change for this program</b>		
<b>5d.</b>	<b>Effect of Rate Filing – Number of policyholders affected</b>		

<b>6.</b>	<b>Overall percentage of last rate revision</b>	
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<b>7.</b>	<b>Effective Date of last rate revision</b>	
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<b>8.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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<b>9.</b>	<b>Rule # or Page # Submitted for Review</b>	<b>Replacement or Withdrawn?</b>	<b>Previous state filing number, if required by state</b>
01	Countrywide Manual Pages: CCC-DENTAL-PROP - 4 CCC-DENTAL-STUDENT - 1	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	B15894001
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	